HOSPITAL PHARMACY QUALITY ASSURANCE REPORT NOTICE

DHHS DIVISION OF PUBLIC HEALTH LICENSURE UNIT TELEPHONE # (402) 471-4363

Your Hospital Pharmacy Quality Assurance Report (PQAR) is due on December 31 annually. The Department will accept your PQAR THIRTY (30) days before the due date. You will be notified by the Department whether your PQAR is determined to be in full compliance with regulatory requirements.

<u>NOTE</u>: If you have a current Community Pharmacy license, you will still need to complete that PQAR and submit it to the Department.

Hospital Name:					
Hospital DEA Registration Number:	Exp. Date:				
Hospital Street Address:					
Hospital City, State, Zip Code:					
DEA registration Number:	Exp. Date:				
Pharmacy Telephone #:	Pharmacy Fax #:				
Pharmacy/PIC Email:					
Pharmacist – In – Charge name:	PIC License #:				
Pharmacy Hours:	_				
List Pharmacy Personnel:					
Staff Pharmacists Name & NE License #	Pharmacist Interns Name & NE Registration #	Pharmacy Technicians Name & NE Registration #			
SOFTWARE:	RX'S PER DAY:				

Hospital Name:	City:	PQAR Date	
applicable Nebraska State Statutes	and Rules and Regulations concer . I understand that false or forged	nined are each and strictly true in every respect. I have rening the practice of pharmacy, am familiar with its provisi statements made in connection with this Quality Assuran rethe hospital license.	ons, and
(Signature of Pharm	nacist-in-Charge)	(Date)	

C = In Compliance NC = Not in Compliance NA = Not Applicable

Section cited	Requirement	С	NC	NA
175 NAC 8-006.02C 175 NAC 9-006.09G Neb Rev Stat 28-411	Adequate security is maintained for the medications and for patient records.			
175 NAC 8-006.02A 175 NAC 9-006.09G5 Neb Rev Stat 28-410 CAHs: 42 CFR 485.635(a)(3)(iv) Acute Hospitals: 42 CFR 482.25	Drugs, devices, and biologicals are stored at the proper temperature, in locked areas, and in accordance with manufacturer's instructions and accepted professional principles.			
175 NAC 8-007.02 175 NAC 9-007	The pharmacy is maintained in a clean, orderly and sanitary manner.			
175 NAC 8-007.03 175 NAC 9-006.09 175 NAC 9-006.09G8	The pharmacy maintains in printed or electronic form, appropriate reference material for the practice of pharmacy.			
175 NAC 8-007.01	5. The pharmacy provides the pharmacist access to necessary utilities and equipment.			
CAHs: 42 CFR 485.635(a)(3) Acute Hospitals: 42 CFR 482.25(b) (NOTE: after December 31, 2016, Neb. Rev. Stat. 38-2867.02 will require this.)	6. Prior to the dispensing or the delivery of a drug or device pursuant to a medical order to a patient or caregiver, a pharmacist shall conduct a review of all orders prior to the 1 st dose being administered (except in emergency situations).			
Neb. Rev. Stat. 28-407 21 CFR Ch II-1301	7. All registration requirements are met.			
Neb Rev Stats 28-401 -28-456.01 and 28.458 – 28.462 21 CFR Ch. II – 1305/1311	8. All record keeping requirements are met.			
<u>CAHS:</u> 42 CFR 485.635(a)(3) <u>Acute Hospitals</u> : 42 CFR 482.24(c) 21 CFR Ch. II – 1305/1311	9. All requirements for ordering Schedule I and/or II controlled substances are met, including Power of Attorney forms and CSOS requirements.			
175 NAC-8-005.03A5 175 NAC 9-006.09	The poison control phone number is posted in the pharmacy.			
175 NAC 9-006.09G2 175 NAC 8-006.03A Neb. Rev. Stat. 28-411(4) <u>ACUTE HOSPITALS:</u> 42 CFR 482.25(a)(3) <u>CAHs.</u> 42 CFR 85.635(a)(3)(iv)	11. Complete and accurate records are maintained of all controlled substances received and added to the inventory.			

Hospital Name:	City:	PQAR Date	
175 NAC 8-06.04C,04D,04E 175 NAC 9-006.09G 175 NAC 9-006.09G7 Neb. Rev. Stats. 28-414.04 and 28-414.05 <u>ACUTE HOSPITALS</u> - 42 CFR 482.25(a)(3) <u>CAHs</u> - 42 CFR 485.635(a)(3)(iv) —	12. All requirements pertaining to u returned product labeling are n13. The pharmacy complies with al requirements for controlled substar	net. I transfer and/or destruction	
21 CFR Ch. II- 1307.11 21 CFR Ch. II- 1317 175 NAC 9-006.09G7 175 NAC 8-006.02D Neb Rev Stat 71-2461 Neb Rev Stat 71-2470 Neb. Rev. Stat. 71-2481	The pharmacy inventory does related biological which is misbranded drug forms are FDA-approved ingredients are purchased from	l or adulterated. Finished . Compounds or bulk	
175 NAC 9-006.09G7 175 NAC-8-006.04G	15. All requirements pertaining to n including proper labeling.	nulti-drug containers are met,	
175 NAC 9-006.09G3 Neb. Rev. Stat28-410 21 CFR Ch. II- 1305.11 21 CFR 1304	16. All requirements pertaining to the substances are met. Date of Current Inventory: A copy of the annual inventory: Department of Health & Hunit.	ntory has been sent to the uman Services, Licensure and revocation of Power of tained operly completed. ly maintained.	
175 NAC 9-006.09G(3) 175 NAC 8-006.05A Neb. Rev. Stat. 28-410 CAHs: 42 CFR 485.635(a)(3) ACUTE CARE HOSPITALs: 42 CFR 482.25(B)	17. All controlled substances are pr	roperly stored.	
Neb. Rev. Stat 38-28,108 thru 28,116	18. The pharmacy is in compliance Drug Product Selection Act.	with the requirement for	
175 NAC 9-006.06B(4)(1) Neb. Rev. Stat. 71-470 <u>ACUTE HOSPITALS</u> : 42 CFR 482.25 <u>CAHs</u> : 42 CFR 85.635(a)(3)(iv)	19. The Pharmacist in Charge mair and procedures for the practice of predication in the hospital.		
Neb. Rev. Stat. 38-2867.01 ACUTE HOSPITALS: 42 CFR 482.25(b)(1) CAHs: 42 CFR 485.635(a)(3)(iv)	20. The pharmacy is in compliance 797.	with USP Chapters 795 and	
Neb. Rev. Stats.71-2444 through 71-2452	21. The pharmacy is in compliance automated medication system.	with the use of an	
Neb. Rev. Stats. 71-7427 through 71-7463 DQSA-Title II	22. The pharmacy is in compliance wholesale drug distribution sta		
172 NAC 128-009 NDEQ Title 128 -Neb. Hazardous Waste Regulations. ACUTE CARE HOSPITALs: 42 CFR 482.11	23. The pharmacy is in compliance Conservation and Recovery Act an regulations regarding the handling waste.	d all other related	

CAHs: 42 CFR 485.608

175 NAC 8-006.01D 175 NAC 128-012.04 Neb Rev Stat 38-2892 ACUTE CARE HOSPITALs: 42 CFR 482.25 (a) CAHs: 42 CFR 85.635(a)(3)(iv) Check Pharmacy Tech registration status at: http://www.nebraska.gov/LISSearch/search.cgi	 24. All requirements are met for the utilization of Pharmacy Technicians and documentation is maintained, including: Pharmacy Technicians are registered with DHHS Pharmacy Technicians are identified as technicians Pharmacy Technician training is completed The ratio of supervising Pharmacist to Pharmacy Technician is compliant All work performed by a Pharmacy Technician or intern is verified by a Pharmacist 		
175 NAC 9-006.09G7 Neb Rev Stats.28-410, 28-414.05, and 71-2481	25. Expired, mislabeled, unlabeled or unusable drugs and medical devices are not available for patient use and are disposed of incompliance with state and federal law.		
See Raymond Declaratory Order. Neb. Rev. Stat28-411, 28-14, 28-414.01, 28-414.03, 71-2479	26. Drugs are dispensed in accordance with the Raymond Declaratory Order. All requirements for record keeping and labeling of drugs are followed.		

Hospital Name: ______ City: _____ PQAR Date ____

Regulatory References:

Nebraska DEQ: http://deq.ne.gov/RuleAndR.nsf/Title 128.xsp

Nebraska Hospital Licensure Regulations: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-175/Chapter-09.pdf

Nebraska Pharmacy Act: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-128.pdf

Acute Care Hospital and CAH federal regulations: http://www.ecfr.gov/cgi-bin/ECFR?page=browse

Nebraska Legislature Bill Search: http://www.nebraskalegislature.gov/bills/

Please forward your completed Hospital Pharmacy Quality Assurance Report (PQAR) to the Office of Acute Care Facilities at:

DHHS.acutecarefacilities@nebraska.gov
OR
fax: 402-742-8319.

Hospital Name:	City:	PQAR Date			
STATEMENT OF COMPLIANCE PAGE					
For each item not in compliance, please list below (you may continue on a separate page if needed):					
a) The item number that is not in compliantb) Why it is not in compliance;c) How the deficiency will be corrected; andd) How long it will take to do so					
a)					
b)					
c)					
d)					
a)					
b)					
c)					
d)					
a)					
b)					
c)					
d)					
a)					
b)					
c)					
d)					

Hospital Name:	City:	PQAR Date	
For Office Use Only:			
In Compliance	Not In Compliance	-	
Comments:			